

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/541956**

FILING DATE

APPLICANT(S)

**8807 CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2	1		1		1	
3						
4		10		6		3
5		00		00		3
6		00		00		3
7		00		00		3
8		00		00		3
9		00		00		3
10		00		00		3
11		00		00		3
12				00		3
13				00		3
14				00		3
15				00		2
16				00		2
17				00		2
18				00		3
19				00		3
20				00		3
21				00		3
22						3
23					1	
24						
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50						
TOTAL IND.	2		2		3	
TOTAL DEP.	9		21		49	
TOTAL CLAIMS	11		23		52	

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						